

Certification of Final Payroll: Submitted Response

Your response was submitted to OPERS 12/24/09 10:36 AM!

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CITY OF BEACHWOOD - 301200

Employee Name	Employee SSN	Employee Provided Termination Date	Employer Code
GORDEN, MERLE S		12/31/2009	301208

SRF85

The employee will terminate (or has terminated) their covered employment. Yes

Employee's Job Title Mayor & Safety Director

Was this a law enforcement or public safety position, as defined by the IRS? No

Final Earnable Salary Date 12/31/2009

Final Reporting Period End Date 12/31/2009

Do you have an approved conversion plan on file with OPERS under which this Employee will receive a payout? No

Retire/rehire that will be re-employed as of January 1, 2010

Comments to OPERS

Reporting Method: Data Entry
Form Type: Certification of Final Payroll
Last Change Date: 12/24/09 10:36 AM
Last Change By: ebrey

[Print](#) [Done](#)



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-888-400-0965 www.opers.org

Notice of Re-employment of a Retired Elected or Appointed Official to an Elected Position

When a retired elected or appointed official returns to employment to an elected office, that employment must be reported on this Form SR-6E by the end of the first month of employment. Failure to give OPERS timely notice of re-employment will result in employer liability for overpaid benefits. If a retired elected official is re-employed within the last 10 days of a month, notify the OPERS Employer Call Center at the number listed above immediately to prevent an overpayment of benefits; confirmation must then be made on a Form SR-6E within 10 days.

Section 1 - Retiree's Personal Information

Social Security Number

COPY

First Name

MI

Last Name

MEALE S GORDEN

Street or Mailing Address

Apt. Number

24602 MEADOW BLVD

City

State

ZIP Code

BEACHWOOD OHIO 44122

Home Phone Number

Work Phone Number

Fax Phone Number

2164640110 2162921901 2162921984

E-mail Address

Section 2 - Employment Information - Select the appropriate category below for this retiree. (Mark only one.)

Beginning date of re-employment

01012010

Title

MAYOR



1. An elected official receiving an age and service retirement benefit who is elected or appointed to the same position for the remainder of the term or the term immediately following retirement. Please mark a, b, c, or d below. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during these two months.



a. The director of the Board of Elections has been notified in writing, at least 90 days prior to the primary election for the next term, of the elected official's intent to retire.



b. The elected official was already retired at least 90 days prior to the general election.



c. The appointing authority has been notified that the official was already retired or intends to retire prior to the end of the term.



d. None of these apply. The pension portion of the elected official's benefit must be forfeited for the duration of employment. The annuity portion of the benefit is suspended and will be paid in a lump sum upon termination of re-employment. OPERS contributions must begin with the first date of service.



2. An elected official receiving an age and service retirement benefit who is elected or appointed to a different elected office. If re-employment occurs less than two months after the retirement allowance commences, the entire retirement benefit will be forfeited during those two months.



3. An elected or appointed official receiving an OPERS disability benefit. OPERS contributions must begin with the first date of service. Disability benefits will be terminated.

CITY OF *Beachwood*

25325 FAIRMOUNT BLVD • BEACHWOOD • OHIO 44122 • (216) 292-1901 • FAX (292) 292-1984

MAYOR
MERLE S. GORDEN

November 20, 2009

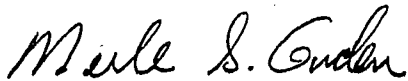
Mr. David A. Pfaff
Finance Director
City of Beachwood
25325 Fairmount Blvd.
Beachwood, OH 44122

Dear Mr. Pfaff:

Please be advised pursuant to O.R.C. 145.38 C (3) (a) that I intend to retire from my office of Mayor of the City of Beachwood, Ohio before the end of my current term.

I wish to then continue in my capacity as Mayor as rehired.

Sincerely,



Merle S. Gorden, Mayor
City of Beachwood

MSG/dn

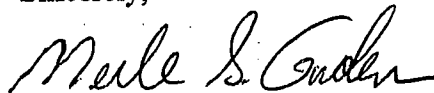
August 3, 2009

Cuyahoga County Board of Elections
2925 Euclid Ave.
Cleveland, OH 44115

To Whom It May Concern:

Please be advised pursuant to O.R.C. 145.38 C (3) (a) that I intend to retire from my office of Mayor of the City of Beachwood, Ohio before the end of my current term.

Sincerely,

A handwritten signature in cursive script, appearing to read "Merle S. Gorden".

Merle S. Gorden

AUG03'09 PM 2:22 CWS

INTRODUCED BY: Saul Eisen

ORDINANCE NO. 2008-160

AN ORDINANCE AMENDING ORDINANCE NOS. 2000-173, 2004-150 AND 2005-49 TO ADJUST THE COMPENSATION OF THE MAYOR/SAFETY DIRECTOR

WHEREAS, Article VIII, Section 3 (1)(A) of the Charter of the City of Beachwood as amended in November, 1994, now permits Council to amend the compensation schedule for the Mayor as necessary; and

WHEREAS, pursuant to BCO Section 141.01, the Mayor also serves as the City's Safety Director; and

WHEREAS, on December 4, 2000, Council adopted Ordinance No. 2000-173 providing for compensation for the Office of Mayor; and

WHEREAS, on November 15, 2004, Council adopted Ordinance No. 2004-150 approving the Mayor's expenses to attend Mayor's Court training for a total amount not to exceed \$400.00; and

WHEREAS, on June 6, 2005, Council adopted Ordinance No. 2005-49 adjusting the compensation of the Mayor/Safety Director; and

WHEREAS, the Council has determined that it is necessary to adjust the future compensation for the Office of the Mayor and Safety Director; and

WHEREAS, such adjustments would not become effective until January 1, 2010, which is the commencement date for the next full term for the Office of the Mayor, and therefore the new compensation schedule will not be applicable to the current Mayoral term.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the City of Beachwood, County of Cuyahoga, and State of Ohio that:

Section 1: Council hereby amends Ordinance No. 2000-173, 2004-150, and 2005-49, and any other applicable ordinances, to be effective January 1, 2010, as follows:

Elected Officials.

- (A) Annual Compensation for the Mayor effective January 1, 2010:
\$96,200.00.

The Mayor's salary shall increase by three and one half percent (3.5%) effective January 1, 2011; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2012; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2013.

Annual Compensation for the Safety Director effective January 1, 2010:
\$62,200.00.

ORDINANCE NO. 2008-160

The Safety Director's salary shall increase by three and one half percent (3.5%) effective January 1, 2011; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2012; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2013.

(B) Annual Benefits for the Mayor:

The Mayor shall receive medical and other benefits generally provided for full-time administrative employees of the City, with the exception of longevity compensation and sick leave. Such benefits will include, but are not limited to, medical, life insurance with an option of AD & D coverage, and short term disability benefits provided for administrative employees of the City, cellular phone allowance at maximum allowed per Section 2.8.3 of the Administrative Salary Ordinance, and the use of an automobile provided by the City. The Mayor shall receive three (3) weeks of paid vacation during the Mayor's first term of office; four (4) weeks of paid vacation during a second term of office; and five (5) weeks of paid vacation during a third or subsequent term of office.

The City shall establish a "Fringe Benefit" pension "pickup plan" and pay fifty percent (50%) of the Mayor/Safety Director's mandatory pension contribution. This is in addition to the Mayor/Safety Director's ability to participate in the City's "Salary Reduction" pension "pickup plan".

Travel expenses for official business of the City or the reimbursement of out-of-pocket expenses in excess of Five Hundred Dollars (\$500.00) must be approved by Council. All expenses of any amount shall be related to official City business, shall be reasonable, and shall be substantiated by receipts submitted to the Finance Department. Expenses of an out-of-town workshop, seminar or convention will require advance approval by Council if such event involves more than Five Hundred Dollars (\$500.00) in total expenditures. Travel Expenses to attend Mayor's Court Training, each year, is approved for a total not to exceed Five Hundred Dollars (\$500.00).

Gratuities received by the Mayor for the performance of marriages may be retained by the Mayor, in addition to the compensation provided herein.

No other benefits are provided for the Mayor unless approved by Council.

Section 2: Council further directs that this compensation schedule for the Mayor shall terminate at the end of the next term of the Office of the Mayor on December 31, 2013. Further, all salary ordinances of the City shall be amended to insert the above salary and benefits for the Mayor of the City, and any part of such ordinances inconsistent herewith are repealed in applicable part, except that the existing salary ordinance for the Mayor shall remain in effect until this new salary ordinance becomes effective on January 1, 2010.

ORDINANCE NO. 2008-160

Section 3: Council finds and determines that the decision to adjust the compensation of the Office of Mayor for the next term was made solely by the members of Council, without any participation by, influence, or attempt to influence by the existing Office of the Mayor.

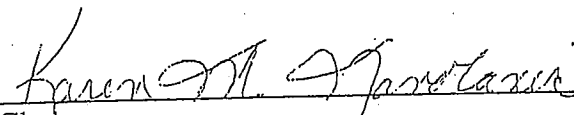
Section 4: It is found and determined that all formal actions and deliberations of Council and its committees relating to the passage of this legislation that resulted in formal action were in meetings open to the public where required by Chapter 105 of the Codified Ordinances of the City.

Section 5: Consistent with Article VIII, Section 1 of the Charter, this ordinance providing for compensation of the Mayor shall be read three times, and not be passed as an emergency or urgent legislation.

WHEREFORE, this Ordinance shall be in full force and effect from and after the earliest date permitted by law.

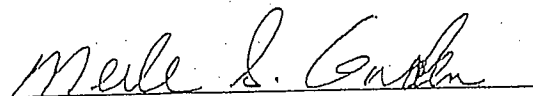
Attest:

I hereby certify this legislation was duly adopted on the 5th day of January, 2009, and presented to the Mayor for approval or rejection in accordance with Article III, Section 8 of the Charter on the 6th day of January, 2009.

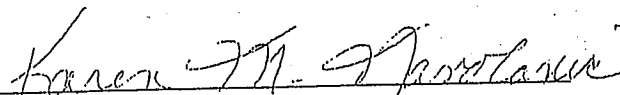

Clerk

Acknowledgment:

I have neither approved nor disapproved this legislation when presented to me due to a potential conflict of interest; and therefore the same shall become law in the manner provided in the Charter for such cases.


Mayor

The Clerk of Council notes that Mayor Merle S. Gorden did not participate in any deliberations or in the passage of this legislation, nor did he preside over any meetings during consideration of this Ordinance.


Clerk

Pursuant to the provisions of the City Charter:

Placed on First Reading: December 1, 2008

Placed on Second Reading: December 15, 2008

Placed on Third Reading & Adopted: January 5, 2009

1019
INTRODUCED BY: Martin D. Arsham

ORDINANCE NO. 1995-70

AN ORDINANCE AMENDING ORDINANCE 1985-81 and 1985-92 TO INCREASE
THE COMPENSATION OF THE MAYOR AND COUNCIL MEMBERS.

WHEREAS, the last legislation providing an increase in compensation for the office of Mayor and Council was adopted in 1985, effective January 1, 1988, and ordinary inflationary increases have reduced the value of this pay schedule over the past ten (10) years, and

WHEREAS, the City has significantly changed over the past ten (10) years, and now requires that the Mayor work substantially full time, and

WHEREAS, the new Charter significantly increases the obligations of the President of Council after January 1998, the effective date for a Council increase in compensation, including the requirement that the Council President will chair all Council meetings, prepare agendas and other legislative work, and other Council members will also have an increase in responsibility, and

WHEREAS, the Charter of the City of Beachwood was amended in November, 1994, and permits Council to amend the compensation schedule for the Mayor as necessary, and Council intends hereby to increase the compensation for the Mayor effective at once and for the Council effective January 1, 1998;

NOW THEREFORE, BE IT ORDAINED by the Council of the City of Beachwood, County of Cuyahoga, and State of Ohio;

Section 1. That the Charter, Article VIII provides:

Sec. 3. Salaries and Bonds:

1. Salaries.

- (A) Council shall establish, by ordinance, or amend as necessary, the salary and compensation of the Mayor, Council and all officers and employees of the City.
- (B) An ordinance providing for the compensation of the Mayor and Council shall be read three (3) times and not be passed as an emergency or urgent legislation.
- (C) Council may not amend its compensation later than thirty (30) days before the time for filing nominating petitions for a Council term. Such an amendment shall be effective for all Council persons on January 1, following the next regular Council election, two (2) years thereafter.

Section 2. That Council hereby amends Ordinances 1985-81 and 1985-92 and any other applicable Ordinances as follows:

Elected Officials.

(a) Annual compensation for the Mayor:

Mayor, if Safety Director	\$75,000.00
Mayor, if not Safety Director	(to be re-set)

The salary for the Mayor is established with the expectation that (1) the Mayor will be the Safety Director and (2) the Mayor will work substantially full time.

In the event that The Mayor determines to appoint another person to be Safety Director, Council may reduce the Mayor's salary at or about the same time. The Mayor's salary shall increase by 3% on January 1, 1996 and by 3% on January 1, 1997.

(b) Annual benefits for the Mayor.

The Mayor will receive medical benefits provided for administrative employees of the City, the use of an automobile which Council provides for the Mayor and three (3) weeks paid vacation. Travel expenses for official business of the City or the reimbursement of out of pocket expenses in excess of Twenty Five (\$25.00) Dollars shall be approved by Council. No other benefits are provided for the Mayor unless approved by Council.

(c) Annual compensation for Council members:

Council members	\$ 7,200.00
President of Council	\$ 9,600.00

(d) Additional Compensation for President of Council

- (1) In the event of the Mayor's temporary absence or inability to perform the duties of the office, and the President of Council is required to be Acting Mayor for more than thirty (30) consecutive days, in addition to the regular compensation provided in Section 2 (c) the President of Council shall be paid a sum equal to one-fourth of the salary of the Mayor provided for in Section 2 (a), beginning on the 31st day of such continuous service.
- (2) In the event of the Mayor's death, resignation, removal or disqualification, and the President of Council becomes acting Mayor to serve until an election is held to fill the unexpired term, in addition to the regular compensation provided in Section 2 (c) the President of Council shall be

paid a sum equal to one-half of the salary of the Mayor provided in Section 2 (a), during such time of service.

Section 3. That the Law Director has advised Council that he is uncertain of the application of Section 102.03 Ohio Revised Code and interpretations of that and other State Laws made by the Ohio Ethics Commission relating to increases in term for a Mayor elected to complete an unexpired term. While no judicial determinations hold that such increase would violate Ohio law, nevertheless the Ohio Ethics Commission may so rule.

Section 4. That Council restates that the purpose of the Charter amendment was to permit Council to adjust the compensation of the Mayor because of new or changed conditions which could not reasonably have been foreseen, to encourage persons of great character and ability to serve in this highest office of the City and to make adjustments in compensation to a Mayor filling an unexpired term, where special and unusual conditions would cause an existing compensation schedule to be either too high or too low when applied to a person who fills the office in term. Council believes that requiring a person to serve this high office and not be fairly compensated is unfair to the people who have elected the Mayor and unfair to the person who is elected. Further, any State law that prevents the application of a municipal Charter, without a legitimate State interest, would be an unconstitutional interference with the powers of local home rule reserved to a Charter municipality under the Ohio Constitution and a violation of protected rights under the Ohio and United States Constitutions.

Section 5. That Council finds and determines that two persons have filed petitions and have been certified as candidates for the office of Mayor, that after Council had determined to place this legislation on for first reading one of the candidates has withdrawn, and a special election is set for July 18, 1995. The remaining candidate is the President of Council. Council further finds and determines that the decision to increase the compensation of the Mayor was made by other Council members, and not the President of Council, and that the President of Council has not in any manner used his office to influence, attempt to influence or persuade Council to adopt this or other legislation relating to an increase in compensation for the Mayor.

Section 6. That Council authorizes the Law Director to apply to the Ohio Ethics Commission for an opinion regarding the application of this proposed Ordinance to the person to be elected Mayor on July 18, 1995. In the event that the Commission determines that the newly elected Mayor cannot receive an increase in pay and this Ordinance violates any State law, then the Council will consider requesting a judicial determination and/or will amend this Ordinance.

Section 7. That Council directs that this pay schedule for the Mayor shall terminate at the end of this term, on December 31, 1997, and Council shall reconsider the Mayor's compensation on or before August 1, 1997. That all

payroll Ordinances of the City shall be amended to insert the above salary and benefits for elected officials of the City, and any part of such Ordinances inconsistent herewith are repealed in applicable part, except that the existing salary Ordinance for the Mayor and Safety Director shall remain in effect until the this new salary Ordinance for the Mayor as Safety Director becomes effective after the application referred to in Section 6.

Section 8. That it is found and determined that all formal actions and deliberations of Council and its committees, relating to the passage of this legislation, that resulted in formal action, were in meetings open to the public where required by Chapter 105, Codified Ordinances of the City.

WHEREFORE, this Ordinance shall take effect and be in force from and after the earliest date permitted by law, however, the Finance Director is instructed not to increase the compensation of the Mayor until a determination is first made by the Ohio Ethics Commission, or a court of law if so required. When approved, it shall be retroactive to July 19, 1995.

Attest: I hereby certify that this legislation was duly adopted on the 10th day of July, 1995, and presented to the Mayor for approval/rejection in accordance with Article III, Section 8 of the Charter on July 11, 1995.

Carol E. Vinyard
CLERK

Acknowledgement: I have neither approved or disapproved this legislation when presented to me due to a conflict of interest and the same shall become law in the manner provided in the Charter for such cases.

Merle S. Gorden
MAYOR

The Clerk notes that Merle S. Gorden did not participate in any deliberations or in the passage of this legislation as required by the Charter, Article III, Section 3, and having declared his inability to vote due a conflict of interest he made a full explanation of such conflict which I duly recorded in the minutes of the meeting. That in accordance with the Charter, Article III, Section 5(e) and Section 121.04 of the Codified Ordinances, I have posted a copy of this ordinance for a period of not less than fifteen days on the City bulletin board.

First Reading: June 19, 1995
Second Reading: June 26, 1995
Passed: July 10, 1995

Carol E. Vinyard
CLERK

ENROLLMENT FORM FOR THE take care® FLEX BENEFITS PLAN

PLEASE PRINT. All information is required or your enrollment cannot be processed.

Employer City of Beachwood Social Security Number _____
Employee Name (First, Last) Merle Gordon
Date of Birth (MM-DD-YYYY) 11/08/1945 Date Hired (MM-DD-YYYY) _____
Home (Street) Address 12 Kenwood Ct APT. _____
City Beachwood State OH Zip 44122
Home Phone 216 464 0110 Email mayore@beachwoodohio.com

Employer to complete or enrollment cannot be processed. Plan year start (MM/DD/YY) 01/01/2013 and end 12/31/2013
First payroll start date: ____/____/____ No. of Pays ____ Dept. _____

OPTION 1A HEALTH CARE ACCOUNT - FLEXIBLE SPENDING ACCOUNT (FSA)

- ☐ YES I elect to contribute \$ _____ (before taxes) for the PLAN YEAR,* which is \$ _____ per pay period to fund my account that pays qualified out-of-pocket health care expenses that are not covered by my employer's health plan or any other health plan.
- ☒ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 1B LIMITED FLEXIBLE SPENDING ACCOUNT (LFSA) Available only if you have an "HSA." The LFSA is in addition to the HSA. It's limited because you can only pay dental and vision expenses from this account.

- ☐ YES I elect to contribute \$ _____ (before taxes) for the PLAN YEAR,* which is \$ _____ per pay period to fund my account that pays qualified out-of-pocket health care expenses that are not covered by my employer's health plan or any other health plan.
- ☒ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 DEPENDENT CARE ACCOUNT This pays for day care expenses for a dependent child, adult or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12.

- ☐ YES I elect to contribute \$ _____ (before taxes) for the PLAN YEAR, which is \$ _____ per pay period to fund my account that pays qualified dependent day care or elder care expenses.
- ☒ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 3 AGREEMENT TO SAVE TAXES ON INSURANCE PREMIUMS

- ☒ YES On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium for these employee benefits will automatically be paid with pre-tax dollars. I also understand that if my required contributions for these insurance benefits are increased or decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.
- ☐ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

IMPORTANT: Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections (selected above) set forth and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care® Card is available to pay only qualified expenses. I understand that qualified expenses paid with the Card or any other form of reimbursement cannot be reimbursed by any other plan and that I will not seek reimbursement from any other source. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions. I understand that when using the take care® Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if payment is made that is not for qualified expenses, I will repay my employer. For any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

Employee signature Merle S. Gordon Date 11/22/12
(over for account description) Return completed form to your employer

* Your employer determines the maximum annual contribution limit for your plan, which cannot exceed \$2,500 effective 1/1/2013, per IRS rules. Confirm with your employer or check your summary plan description for the maximum annual contribution limit allowed for your plan.

INTRODUCED BY: Brian H. Linick

ORDINANCE NO. 2012-125

AN ORDINANCE AUTHORIZING TRAVEL EXPENSES FOR THE MAYOR ASSOCIATED WITH ATTENDING THE THIRTEENTH ANNUAL FIRE ACCREDITATION ANNUAL AWARDS CEREMONY AND DECLARING AN EMEGENCY.

WHEREAS, Section 131.06 of the Codified Ordinances requires advance approval by Council of any expenses associated with the Mayor's attendance at an out-of-town convention or event if such expenses will exceed Five Hundred Dollars (\$500.00); and

WHEREAS, Section 131.06 also requires all expenses to be related to official City business, to be reasonable, and to be substantiated by receipts submitted to the Finance Department; and

WHEREAS, the Thirteenth Annual Fire Accreditation Awards Ceremony ("Ceremony") will be held in Denver, Colorado on August 2, 2012; and

WHEREAS, the City of Beachwood Fire Department will be honored at the Ceremony; and

WHEREAS, the Mayor has been invited to attend the Ceremony; and

WHEREAS, this Council desires to approve travel expenses associated with the Mayor's attendance at the Ceremony.

NOW, THEREFORE, BE IT ORDAINED by the Council of the City of Beachwood, County of Cuyahoga and State of Ohio, that:

Section 1. Council hereby approves travel expenses, including airfare, hotel, meal and other incidental expenses, relating to the Mayor's attendance at the Thirteenth Annual Fire Accreditation Awards Ceremony. All expenses shall be substantiated by receipts submitted to the Finance Department.

Section 2. It is found and determined that all formal actions and deliberations of Council and its committees relating to the passage of this legislation that resulted in formal action were in meetings open to the public where required by Chapter 105 Codified Ordinances of the City.

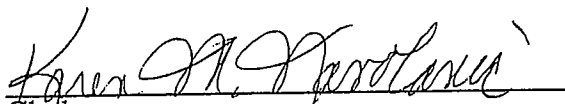
Section 3. This Ordinance is hereby declared to be an urgent measure immediately necessary for the public peace, health, or safety; and for the further reason that it is necessary to provide for the Mayor's timely attendance at the Thirteenth Annual Fire Accreditation Awards Ceremony.

ORDINANCE NO. 2012-125

WHEREFORE, this Ordinance shall be in full force and effect from and after the earliest date permitted by law.

Attest:

I hereby certify this legislation was duly adopted on the 16th day of July, 2012, and presented to the Mayor for approval or rejection in accordance with Article III, Section 8 of the Charter on the 17th day of July, 2012.


Clerk

Approval:

I have approved this legislation this 17th day of July, 2012 and filed it with the Clerk.


Mayor

ORDINANCE NO. 2008-160

The Safety Director's salary shall increase by three and one half percent (3.5%) effective January 1, 2011; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2012; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2013.

(B) Annual Benefits for the Mayor:

The Mayor shall receive medical and other benefits generally provided for full-time administrative employees of the City, with the exception of longevity compensation and sick leave. Such benefits will include, but are not limited to, medical, life insurance with an option of AD & D coverage, and short term disability benefits provided for administrative employees of the City, cellular phone allowance at maximum allowed per Section 2.8.3 of the Administrative Salary Ordinance, and the use of an automobile provided by the City. The Mayor shall receive three (3) weeks of paid vacation during the Mayor's first term of office; four (4) weeks of paid vacation during a second term of office; and five (5) weeks of paid vacation during a third or subsequent term of office.

The City shall establish a "Fringe Benefit" pension "pickup plan" and pay fifty percent (50%) of the Mayor/Safety Director's mandatory pension contribution. This is in addition to the Mayor/Safety Director's ability to participate in the City's "Salary Reduction" pension "pickup plan".

Travel expenses for official business of the City or the reimbursement of out-of-pocket expenses in excess of Five Hundred Dollars (\$500.00) must be approved by Council. All expenses of any amount shall be related to official City business, shall be reasonable, and shall be substantiated by receipts submitted to the Finance Department. Expenses of an out-of-town workshop, seminar or convention will require advance approval by Council if such event involves more than Five Hundred Dollars (\$500.00) in total expenditures. Travel Expenses to attend Mayor's Court Training, each year, is approved for a total not to exceed Five Hundred Dollars (\$500.00).

Gratuities received by the Mayor for the performance of marriages may be retained by the Mayor, in addition to the compensation provided herein.

No other benefits are provided for the Mayor unless approved by Council.

Section 2: Council further directs that this compensation schedule for the Mayor shall terminate at the end of the next term of the Office of the Mayor on December 31, 2013. Further, all salary ordinances of the City shall be amended to insert the above salary and benefits for the Mayor of the City, and any part of such ordinances inconsistent herewith are repealed in applicable part, except that the existing salary ordinance for the Mayor shall remain in effect until this new salary ordinance becomes effective on January 1, 2010.

Acknowledgement of receipt of Auditor of State fraud reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging that the City of Beachwood provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I MERLE S. GORDEN have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

MERLE S. GORDEN, MAYOR
PRINT NAME, TITLE, AND DEPARTMENT

Merle S. Gordon
PLEASE SIGN NAME

4-25-12
DATE

Eric Brey

From: Mayor Gorden
Sent: Thursday, May 03, 2012 11:21 AM
To: Eric Brey
Subject: RE: Amended Personnel Policy Section 5.20 - PLEASE READ EMAIL AND REPLY

Received.

Thank you.

Merle S. Gorden, Mayor
216-292-1901

CITY OF
Beachwood

25325 FAIRMOUNT BLVD.
BEACHWOOD, OHIO 44122



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[Follow us on Twitter](#)



www.beachwoodohio.com

All records of the City, including this message and any response to it, are public records unless the records are specifically exempted from disclosure under the Ohio Public Records Act. Public Records are available to the public, and media upon request. If you have received this communication erroneously, please immediately notify the sender of the communication.

From: Eric Brey
Sent: Monday, April 30, 2012 3:03 PM
To: Mayor's Office; Law All; Finance All; Building All; Fire All; Kelly Bowen; Joel Edelstein; Mark Sechrist; Service All; Community Services All; James A. Douth
Subject: Amended Personnel Policy Section 5.20 - PLEASE READ EMAIL AND REPLY

Please Reply to this email to acknowledge receipt. Thank you in advance for your cooperation.

The receipt of this email acknowledges receipt and understanding of this policy. It is suggested that you read this carefully and if necessary, print it for review.

All of the policies/procedures are located in the on-line policy manual located in the following drive location: 'City' on 'City-hall\Data' (P:) Folder - Personnel Policy Manual

There is a black binder that contains copies of the contents of the on-line policy manual available for viewing in your office. Please check with your department director as to the location of this binder.

Department Note: Please replace existing version of this policy in the policy binders in your office.

****Note for Union Employees:**

This Personnel Policy Manual ("*Manual*") contains policies for all employees of the City of Beachwood ("*City*") with the exception of those employees exempted by law or reporting to independent boards or commissions that have not

Eric Brey

From: Eric Brey
To: Eric Brey
Sent: Thursday, May 03, 2012 11:17 AM
Subject: Read: Delivery Report for Mayor Gorden

Your message

To: Eric Brey
Subject: Delivery Report for Mayor Gorden
Sent: Thursday, May 03, 2012 11:12:08 AM (UTC-05:00) Eastern Time (US & Canada)

was read on Thursday, May 03, 2012 11:16:46 AM (UTC-05:00) Eastern Time (US & Canada).

Delivery Report

Amended Personnel Policy Section 5.20 - PLEASE READ EMAIL AND REPLY

From: Eric Brey

To: Mayor's Office;Law All;Finance All;Building All;Fire All;Kelly Bowen;Joel Edelstein;Mark Sechrist;Service All;Community Servi...

Sent: 4/30/2012 3:03 PM

E-Mail This Report

Delivery Report for Mayor Gorden (Mayor.Gorden@beachwoodohio.com)

Submitted

4/30/2012 3:03 PM

The message was submitted.

Group Expanded

4/30/2012 3:03 PM

The list of members of the group "Mayor's Office" was expanded so that the message can be delivered to each recipient.

Delivered

4/30/2012 3:03 PM

The message was successfully delivered.

Close

City of *Beachwood*

Department of Finance
2700 Richmond Road
Beachwood, OH 44122
Phone: 216-292-1913
Fax: 216-292-1912

Fax

To:	BENEFITS MAINTENANCE	From:	MERLE GORDEN
Fax:	(614) 857-1081	Pages:	3
Phone:		Date:	01/19/2012
Re:	COMPLETED LL-2 FORM	CC:	

SEE ATTACHED



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org



Authorization for Release of Account Information

Ohio retirement law prohibits the release of confidential account information to a third party unless written authorization is provided by the member or retiree. You or the third party must contact OPERS separately to request account information. Use this form to authorize the release of account information as described below. It cannot be used to initiate a request for information. This form will not authorize access to a member's or retiree's MBS account.

Section 1 - Member Personal Information

Social Security Number

Date of Birth

Month Day Year

11081945

First Name

MI

Last Name

MERLE

S.

GORDEN

Street or Mailing Address

Apt. Number

12 KENWOOD COURT

City

State

ZIP Code

BEACHWOOD

OH

44122

Home Phone Number

Work Phone Number

Cell Phone Number

2164640110

2162921901

E-mail Address

MAYOR@BEACHWOODOHIO.COM

Section 2 - Type of Information to be Released - This information will only be released when you or the third party contact OPERS separately to request account information. Select the records you wish OPERS to release to those you list in Section 3. You can contact OPERS separately by attaching a specific request to this form or by contacting OPERS at 1-800-222-7377 with your request after this form has been received and validated.

☐

Service credit

☐

Income verification

☐

Contributions

☐

Form 1099-R

☐

Earnable salary

☐

Disability medical records

☐

Value of account

☐

Breakdown of benefits

☐

Estimate of retirement benefits

☐

Any/all account information (written and oral)



HEALTH INSURANCE PLAN/COVERAGE/ENROLLMENT INFORMATION

Section 3 - Person(s) or Entity(ies) to Receive Information - Complete this Section to designate the person(s) or entity(ies) to receive the information indicated in Section 2. If you wish to designate more than this Section allows, list them on a separate sheet of paper and include their address, phone and fax number. If you are using additional pages, please check this box: ☐

1. ☐ Physician ☐ Attorney ☒ Authorized Agent

First Name MI Last Name
 A L A N MI G R E E N B E R G
 Street or Mailing Address
 3 4 5 5 5 C H A G R I N B L V D.
 City State ZIP Code
 M O R E L A N D H I L L S OH 4 4 0 2 2 -
 Phone Number Fax Phone Number
 4 4 0 8 9 3 9 8 8 2 4 4 0 8 9 3 9 8 9 6

2. ☐ Physician ☐ Attorney ☐ Authorized Agent

First Name MI Last Name
 Street or Mailing Address
 City State ZIP Code
 Phone Number Fax Phone Number

Section 4 - Member Authorization

As permitted by Section 145.27, Ohio Revised Code, and Ohio Admin. Code 145-1-61, I authorize the person(s) or firm(s) listed to request and receive the indicated information pertaining to my account with the Ohio Public Employees Retirement System.

This authorization is good (check one):

☒ For 60 days ☐ For 90 days ☐ Indefinitely ☐ Until Month Day Year

If a date is not specified, the authorization will be good for 60 days from the date it was signed.

I ask that you honor copies or faxed transmissions of this authorization form. I acknowledge that additionally the original must be sent to OPERS for its membership records. I authorize OPERS to release the data indicated on this form to the person/organization indicated. I understand that I may provide written revocation of this authorization at any time prior to the authorization's expiration as provided above.

I understand that medical records can be released only to my physician, attorney, or agent or the Retirement Board's physician, per Ohio retirement law.

Member Signature Merle S. Gordan Month Day Year
 Do not print or type name. 01 19 2012

JOURNAL REPORT

TIME : 01/19/2012 12:03
 NAME :
 FAX# : 216-292-1912
 TEL# :
 SER.# : BR02J2509636

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT
#398	01/19	11:49	916148571081#	02:06	03	OK	TX ECM

BUSY: BUSY/NO RESPONSE
 NG : POOR LINE CONDITION / OUT OF MEMORY
 CV : COVER SHEET
 POL : POLLING
 RET : RETRIEVAL
 PC : PC-FAX

ENROLLMENT FORM FOR THE take care® FLEX BENEFITS PLAN
PLEASE PRINT. All information is required or your enrollment cannot be processed.

City of Beachwood
Employer Marta S. Gordon Employee Name (First, Last) Marta S. Gordon
Social Security Number 111081945
Home (Street) Address 12 Kenwood Court Date of Birth (MM-DD-YYYY) 07/17/1989
City Beachwood State OH Zip 44122
Home Phone 2164640110 Email mayor@beachwoodohio.com
Employer to complete or enrollment cannot be processed. Plan year start (mm/dd/yy) 1/1 and end 1/1 First payroll start date 1/1 No. of Pays 12 Dept.

OPTION 1A HEALTH CARE ACCOUNT - FLEXIBLE SPENDING ACCOUNT (FSA)
☐ YES I elect to contribute \$ 0000 (before taxes) for the PLAN YEAR, which is \$ 0000 per pay period to fund my account that pays qualified out-of-pocket health care expenses that are not covered by my employer's health plan or any other health plan.
☒ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 1B LIMITED FLEXIBLE SPENDING ACCOUNT (LFSA)
☐ YES I elect to contribute \$ 0000 (before taxes) for the PLAN YEAR, which is \$ 0000 per pay period to fund my account that pays only qualified dental and vision expenses that are not covered by my employer's health plan or any other health plan.
☒ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 DEPENDENT CARE ACCOUNT
This pays for day care expenses for a dependent child, adult, or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for a disabled adult or child, elder day care for parent or dependent, day camp through age 12.
☐ YES I elect to contribute \$ 0000 (before taxes) for the PLAN YEAR, which is \$ 0000 per pay period to fund my account that pays qualified dependent day care or elder care expenses.
☒ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 3 AGREEMENT TO SAVE TAXES ON INSURANCE PREMIUMS
☒ YES On the appropriate benefit enrollment form, I have enrolled in certain employer-sponsored insurance benefits (i.e. health insurance). I understand that my share of the premium decreased while this agreement is in effect, my taxable income will automatically be adjusted to reflect that change.
☐ NO I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

IMPORTANT - Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections (selected above) set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care flex benefits card is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the card from any other source. I understand that when using the flex benefits card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer for any expenses not repaid by me, and I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

Employee signature Marta S. Gordon Date 12-1-11
(over for account descriptions) RETURN COMPLETED FORM TO YOUR EMPLOYER

From: Mayor Gorden
To: Eric.Brey@beachwoodohio.com
Date: 5/13/2010 2:06 PM
Subject: Mayor Gorden opened Amended Personnel Policies - Sections 2.9, 4.9, & 6.1

Mayor Gorden opened Amended Personnel Policies - Sections 2.9, 4.9, & 6.1

From: Mayor Gorden
To: Eric.Brey@beachwoodohio.com
Date: 3/30/2010 1:34 PM
Subject: Mayor Gorden opened Amended Personnel Policies - Sections 4.1 & 4.6

Mayor Gorden opened Amended Personnel Policies - Sections 4.1 & 4.6

(1/27/2010) Eric Brey - Mayor Gorden opened Personnel Policy Amendment

From: Mayor Gorden
To: Eric.Brey@beachwoodohio.com
Date: 1/27/2010 3:14 PM
Subject: Mayor Gorden opened Personnel Policy Amendment

Mayor Gorden opened Personnel Policy Amendment

(1/27/2010) Eric Brey - Mayor Gorden deleted Personnel Policy Amendment

From: Mayor Gorden
To: Eric.Brey@beachwoodohio.com
Date: 1/27/2010 3:14 PM
Subject: Mayor Gorden deleted Personnel Policy Amendment

Mayor Gorden deleted Personnel Policy Amendment



Ohio Public Employees Retirement System

277 East Town Street

• Columbus, Ohio 43215-4642 •

1-800-222-7377 •

www.opers.org

January 12, 2010

MERLE S. GORDEN
24602 MELDON BLVD
BEACHWOOD OH 44122

SR 3584

Dear Merle S. Gorden:

Your Traditional Pension Plan retirement application was received December 17, 2009. Unless you were paid for time you worked beyond the date indicated on your application for retirement, your benefit is effective on January 1, 2010. Your first benefit payment is due the first of the month for which the benefit is effective. Due to necessary processing, please allow a minimum of 30 days after January 12, 2010 for the release of your first benefit payment.

Ohio PERS will send information on the health plan(s) available to you under separate cover.

You have selected Life with 50% to Surviving Spouse Plan as your payment plan. This is a joint survivorship annuity providing for the payment of an annuity to you as long as you live. In the event of your death one-half of the annuity would continue to your spouse for the remainder of his/her life. This annuity is less than the amount you could receive under the Single Life Benefit Plan (Plan B).

If your beneficiary predeceases you, your monthly benefit will be re-computed and paid to you under the Single Life Benefit Plan, as authorized by state law. If you later remarry, you have one year from your date of remarriage to change your plan of payment to provide for your new spouse.

You have 30 days from the date OPERS issues your first benefit payment to change your plan of payment, to change your Partial Lump Sum Option Payment (PLOP) amount or to select a PLOP. You also have 30 days from the date your financial institution receives your first benefit payment to withdraw your retirement application. If you decide not to retire, you must notify OPERS in writing and repay, by personal check or money order, the net benefit amount issued to your financial institution.

If you have any questions, please feel free to contact us at 1-800-222-7377.

Sincerely,
Ohio PERS

TCB/03 SRCONFIRM

STATE OF OHIO)
)
COUNTY OF CUYAHOGA)

OATH OF OFFICE

I, MERLE S. GORDEN, do solemnly swear that I will support the Constitution of the United States, the Constitution of the State of Ohio, and the Charter and Ordinances of the City of Beachwood, and that I will faithfully, honestly, and impartially discharge the duties as MAYOR for the City of Beachwood, State of Ohio, during my continuance in said office.


Merle S. Gorden

SWORN TO before me and subscribed in my presence this 4th DAY OF JANUARY, 2010.


STEVEN M. DETTELBACH, Attorney at Law
My Commission has no expiration date
Section 147.03 O.R.C.

**Ohio Public Employees Retirement System**[Main Menu](#)[Help](#)[Logout](#)**Certification of Final Payroll: Confirm Response**

Your response has been successfully submitted to OPERS!

[Print](#)[Done](#)

Current Step: Confirm Response

CITY OF BEACHWOOD - 301200

Employee Name	Employee SSN	Employee Provided Termination Date	Employer Code
GORDEN, MERLE S		12/31/2009	301208

SRF85

The employee will terminate (or has terminated) their covered employment.

Yes

Employee's Job Title

Mayor & Safety Director

Was this a law enforcement or public safety position, as defined by the IRS?

No

Final Earnable Salary Date

12/31/2009

Final Reporting Period End Date

12/31/2009

Do you have an approved conversion plan on file with OPERS under which this Employee will receive a payout?

No

Retire/rehire that will be re-employed as of January 1, 2010

Comments to OPERS

Reporting Method: Data Entry

Form Type: Certification of Final Payroll

Last Change Date: 12/24/09 10:36 AM

Last Change By: ebrey

[Print](#)[Done](#)

INTRODUCED BY: Saul Eisen

ORDINANCE NO. 2008-160

AN ORDINANCE AMENDING ORDINANCE NOS. 2000-173, 2004-150 AND 2005-49 TO ADJUST THE COMPENSATION OF THE MAYOR/SAFETY DIRECTOR

WHEREAS, Article VIII, Section 3 (1)(A) of the Charter of the City of Beachwood as amended in November, 1994, now permits Council to amend the compensation schedule for the Mayor as necessary; and

WHEREAS, pursuant to BCO Section 141.01, the Mayor also serves as the City's Safety Director; and

WHEREAS, on December 4, 2000, Council adopted Ordinance No. 2000-173 providing for compensation for the Office of Mayor; and

WHEREAS, on November 15, 2004, Council adopted Ordinance No. 2004-150 approving the Mayor's expenses to attend Mayor's Court training for a total amount not to exceed \$400.00; and

WHEREAS, on June 6, 2005, Council adopted Ordinance No. 2005-49 adjusting the compensation of the Mayor/Safety Director; and

WHEREAS, the Council has determined that it is necessary to adjust the future compensation for the Office of the Mayor and Safety Director; and

WHEREAS, such adjustments would not become effective until January 1, 2010, which is the commencement date for the next full term for the Office of the Mayor, and therefore the new compensation schedule will not be applicable to the current Mayoral term.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the City of Beachwood, County of Cuyahoga, and State of Ohio that:

Section 1: Council hereby amends Ordinance No. 2000-173, 2004-150, and 2005-49, and any other applicable ordinances, to be effective January 1, 2010, as follows:

Elected Officials.

- (A) Annual Compensation for the Mayor effective January 1, 2010:
\$96,200.00.

The Mayor's salary shall increase by three and one half percent (3.5%) effective January 1, 2011; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2012; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2013.

Annual Compensation for the Safety Director effective January 1, 2010:
\$62,200.00.

ORDINANCE NO. 2008-160

The Safety Director's salary shall increase by three and one half percent (3.5%) effective January 1, 2011; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2012; and by an additional three and one half percent (3.5%) beyond the previous increase, effective January 1, 2013.

(B) Annual Benefits for the Mayor:

The Mayor shall receive medical and other benefits generally provided for full-time administrative employees of the City, with the exception of longevity compensation and sick leave. Such benefits will include, but are not limited to, medical, life insurance with an option of AD & D coverage, and short term disability benefits provided for administrative employees of the City, cellular phone allowance at maximum allowed per Section 2.8.3 of the Administrative Salary Ordinance, and the use of an automobile provided by the City. The Mayor shall receive three (3) weeks of paid vacation during the Mayor's first term of office; four (4) weeks of paid vacation during a second term of office; and five (5) weeks of paid vacation during a third or subsequent term of office.

The City shall establish a "Fringe Benefit" pension "pickup plan" and pay fifty percent (50%) of the Mayor/Safety Director's mandatory pension contribution. This is in addition to the Mayor/Safety Director's ability to participate in the City's "Salary Reduction" pension "pickup plan".

Travel expenses for official business of the City or the reimbursement of out-of-pocket expenses in excess of Five Hundred Dollars (\$500.00) must be approved by Council. All expenses of any amount shall be related to official City business, shall be reasonable, and shall be substantiated by receipts submitted to the Finance Department. Expenses of an out-of-town workshop, seminar or convention will require advance approval by Council if such event involves more than Five Hundred Dollars (\$500.00) in total expenditures. Travel Expenses to attend Mayor's Court Training, each year, is approved for a total not to exceed Five Hundred Dollars (\$500.00).

Gratuities received by the Mayor for the performance of marriages may be retained by the Mayor, in addition to the compensation provided herein.

No other benefits are provided for the Mayor unless approved by Council.

Section 2: Council further directs that this compensation schedule for the Mayor shall terminate at the end of the next term of the Office of the Mayor on December 31, 2013. Further, all salary ordinances of the City shall be amended to insert the above salary and benefits for the Mayor of the City, and any part of such ordinances inconsistent herewith are repealed in applicable part, except that the existing salary ordinance for the Mayor shall remain in effect until this new salary ordinance becomes effective on January 1, 2010.

ORDINANCE NO. 2008-160

Section 3: Council finds and determines that the decision to adjust the compensation of the Office of Mayor for the next term was made solely by the members of Council, without any participation by, influence, or attempt to influence by the existing Office of the Mayor.

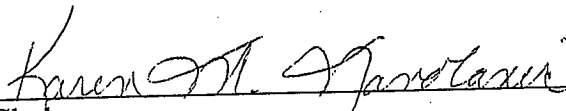
Section 4: It is found and determined that all formal actions and deliberations of Council and its committees relating to the passage of this legislation that resulted in formal action were in meetings open to the public where required by Chapter 105 of the Codified Ordinances of the City.

Section 5: Consistent with Article VIII, Section 1 of the Charter, this ordinance providing for compensation of the Mayor shall be read three times, and not be passed as an emergency or urgent legislation.

WHEREFORE, this Ordinance shall be in full force and effect from and after the earliest date permitted by law.

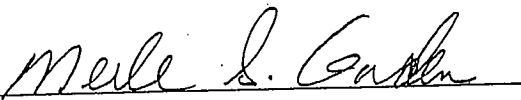
Attest:

I hereby certify this legislation was duly adopted on the 5th day of January, 2009, and presented to the Mayor for approval or rejection in accordance with Article III, Section 8 of the Charter on the 6th day of January, 2009.

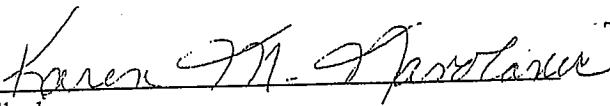

Clerk

Acknowledgment:

I have neither approved nor disapproved this legislation when presented to me due to a potential conflict of interest; and therefore the same shall become law in the manner provided in the Charter for such cases.


Mayor

The Clerk of Council notes that Mayor Merle S. Gorden did not participate in any deliberations or in the passage of this legislation, nor did he preside over any meetings during consideration of this Ordinance.


Clerk

Pursuant to the provisions of the City Charter:

Placed on First Reading: December 1, 2008

Placed on Second Reading: December 15, 2008

Placed on Third Reading & Adopted: January 5, 2009

INTRODUCED BY: Melvin M. Jacobs

AN ORDINANCE AMENDING ORDINANCE NOS. 2000-173 AND 2004-150 TO ADJUST THE COMPENSATION OF THE MAYOR/SAFETY DIRECTOR

WHEREAS, Article VIII, Section 3 (1)(A) of the Charter of the City of Beachwood as amended in November, 1994, now permits Council to amend the compensation schedule for the Mayor as necessary; and

WHEREAS, on December 4, 2000, Council adopted Ordinance No. 2000-173 providing for compensation for the Office of Mayor; and

WHEREAS, on November 15, 2004, Council adopted Ordinance No. 2004-150 approving the Mayor's expenses to attend Mayor's Court training for a total amount not to exceed \$400.00; and

WHEREAS, pursuant to BCO Section 141.01, the Mayor also serves as the City's Safety Director; and

WHEREAS, the Council has determined that it is necessary to adjust the future compensation for the Office of the Mayor and Safety Director; and

WHEREAS, such adjustments would not become effective until January 1, 2006, which is the commencement date for the next full term for the Office of the Mayor, and therefore the new compensation schedule will not be applicable to the current Mayoral term.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the City of Beachwood, County of Cuyahoga, and State of Ohio that:

Section 1: Council hereby amends Ordinance No. 2000-173 and 2004-150 and any other applicable ordinances, to be effective January 1, 2006, as follows:

Elected Officials.

- (A) Annual Compensation for the Mayor effective January 1, 2006:
\$85,000.00.

The Mayor's salary shall increase by three percent (3%) effective January 1, 2007; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2008; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2009.

Annual Compensation for the Safety Director effective January 1, 2006:
\$55,000.00.

The Safety Director's salary shall increase by three percent (3%) effective January 1, 2007; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2008; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2009.

ORDINANCE NO. 2005-49

(B) Annual Benefits for the Mayor:

The Mayor shall receive medical and other benefits generally provided for full-time administrative employees of the City, with the exception of longevity compensation and sick leave. Such benefits will include, but are not limited to, medical, life insurance with an option of AD & D coverage, and short term disability benefits provided for administrative employees of the City, and the use of an automobile provided by the City. The Mayor shall receive three (3) weeks of paid vacation during the Mayor's first term of office; four (4) weeks of paid vacation during a second term of office; ~~and five (5) weeks of paid vacation~~ during a third or subsequent term of office.

Travel expenses for official business of the City or the reimbursement of out-of-pocket expenses in excess of ~~Five Hundred Two Hundred Dollars (\$500.00)~~ must be approved by Council. All expenses of any amount shall be related to official City business, shall be reasonable, and shall be substantiated by receipts submitted to the Finance Department. Expenses of an out-of-town workshop, seminar or convention will require advance approval by Council if such event involves more than ~~Five Hundred Dollars (\$500.00)~~ ~~\$300.00~~ in total expenditures. Travel Expenses to attend Mayor's Court Training, each year, is approved for a total not to exceed ~~Five Hundred Dollars (\$500.00)~~ ~~\$400.00~~.

Gratuities received by the Mayor for the performance of marriages may be retained by the Mayor, in addition to the compensation provided herein.

No other benefits are provided for the Mayor unless approved by Council.

Section 2: Council further directs that this compensation schedule for the Mayor shall terminate at the end of the next term of the Office of the Mayor on December 31, 2009. Further, all salary ordinances of the City shall be amended to insert the above salary and benefits for the Mayor of the City, and any part of such ordinances inconsistent herewith are repealed in applicable part, except that the existing salary ordinance for the Mayor shall remain in effect until this new salary ordinance becomes effective on January 1, 2006.

Section 3: Council finds and determines that the decision to adjust the compensation of the Office of Mayor for the next term was made solely by the members of Council, without any participation by, influence, or attempt to influence by the existing Office of the Mayor.

Section 4: It is found and determined that all formal actions and deliberations of Council and its committees relating to the passage of this legislation that resulted in formal action were in meetings open to the public where required by Chapter 105 of the Codified Ordinances of the City.

Section 5: Consistent with Article VIII, Section 1 of the Charter, this ordinance providing for compensation of the Mayor shall be read three times, and not be passed as an emergency or urgent legislation.

ORDINANCE NO. 2005-49

WHEREFORE, this Ordinance shall be in full force and effect from and after the earliest date permitted by law.

Attest:

I hereby certify this legislation was duly adopted on the 6th day of June, 2005, and presented to the Mayor for approval or rejection in accordance with Article III, Section 8 of the Charter on the 7th day of June, 2005.

Carol E. Vinyard
Clerk

Acknowledgment:

I have neither approved nor disapproved this legislation when presented to me due to a potential conflict of interest; and therefore the same shall become law in the manner provided in the Charter for such cases.

Merle S. Gorden
Mayor

The Clerk of Council notes that Mayor Merle S. Gorden did not participate in any deliberations or in the passage of this legislation, nor did he preside over any meetings during consideration of this Ordinance.

Carol E. Vinyard
Clerk

Pursuant to the provisions of the City Charter:

Placed on First Reading: May 2, 2005

Placed on Second Reading: May 16, 2005

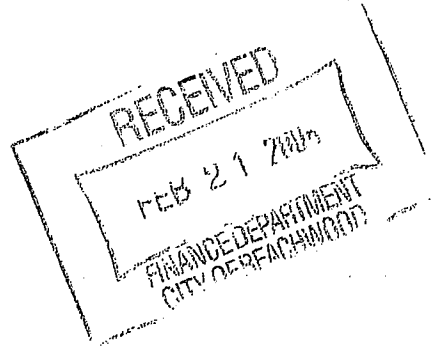
Placed on Third Reading & Adopted: June 6, 2005

Cell Phone Usage Policy
Acknowledgement of Receipt

I, MEALE S. GORDON, have received the City's new Cell Phone Usage Policy, A2006-01 and understand it is my responsibility to read and abide by this policy. If I have any questions regarding this matter, I will inquire with my Department Director or the Finance Department.

Meale S. Gordon
Signature

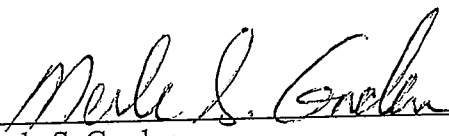
2-18-06
Date



STATE OF OHIO)
)
COUNTY OF CUYAHOGA)

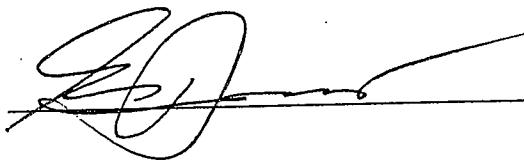
OATH OF OFFICE

I, **MERLE S. GORDEN**, do solemnly swear that I will support the Constitution of the United States, the Constitution of the State of Ohio, and the Charter and Ordinances of the City of Beachwood, and that I will faithfully, honestly, and impartially discharge the duties of **MAYOR** for the City of Beachwood, State of Ohio, during my continuance in said office.



Merle S. Gordon

SWORN TO before me and subscribed in my presence this **3rd DAY OF JANUARY, 2006.**





FORT DEARBORN LIFE
Insurance Company
Chicago, Illinois

☒ New Enrollment

☐ Change

Enrollment Form

Administrative Offices: Downers Grove, Illinois | Cleveland, Ohio | Dallas, Texas

EMPLOYER: If group is self-administered, submit enrollment form *only* if evidence of insurability is required. If group is not self administered, submit enrollment form to us.

EMPLOYEE NAME - LAST Gorden	FIRST Merle	MIDDLE INITIAL S.	SEX ☒ M ☐ F	DATE OF BIRTH 11-8-1945	DATE OF HIRE (FULL TIME) 8-9-1995
SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.)		EARNINGS \$121,485.00	☐ Weekly ☒ Monthly ☐ Annual	JOB TITLE Mayor	CLASS 2
EMPLOYER City of Beachwood		GROUP NO./ACCOUNT NO. 1	LOCATION Beachwood, OH		

COVERAGE SELECTION: Your non-medical group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.

BASIC COVERAGE(S)				Supplemental Life	Supplemental AD&D	Other
Basic Life/AD&D ☒ YES ☐ NO	STD Benefit ☒ YES ☐ NO	LTD Benefit ☐ YES ☐ NO	Dependent Life ☐ YES ☐ NO	☐ Add ☐ Change ☐ Del. \$ _____	☐ Add ☐ Change ☐ Del. \$ _____	☐ Yes ☐ No \$ _____

VOLUNTARY COVERAGE(S) (Evidence of Insurability may be required on employee and spouse Life and Critical Illness Insurance)	(A)dd (C)hange (D)elete	Total Amount of Coverage Applied for	If (C), my prior coverage was
Voluntary Term Life: Employee ☐ YES ☐ NO			
Voluntary Term Life: Spouse ☐ YES ☐ NO			
Voluntary Term Life: Dependent Child(ren) ☐ YES ☐ NO			
Voluntary AD&D: Individual Plan ☐ YES ☐ NO			
Voluntary AD&D: Family Plan ☐ YES ☐ NO			
Voluntary Short-Term Disability ☐ YES ☐ NO			
Voluntary Long-Term Disability ☐ YES ☐ NO			
Voluntary Critical Illness with Cancer Benefit ☐ YES ☐ NO			
Voluntary Critical Illness without Cancer Benefit ☐ YES ☐ NO			

SPOUSE NAME - LAST (if applicant)	FIRST	M.I.	SEX ☐ M ☐ F	SPOUSE DATE OF BIRTH	SPOUSE SOCIAL SECURITY #
Has Employee (if applicant) used cigarettes or other tobacco products in the last 2 years? ☐ YES ☐ NO				Has Spouse (if applicant) used cigarettes or other tobacco products in the last 2 years? ☐ YES ☐ NO	

* Review the following guidelines which apply to voluntary coverage(s)

- You may enroll, apply for additional coverage, or request a change to current voluntary benefits only during a scheduled enrollment period.
- Your weekly STD benefit may not exceed 60% of your basic weekly earnings (excluding bonuses, overtime and any extra compensation other than commissions).
- If you are eligible for state-mandated temporary disability benefits, or any employer sponsored income replacement benefits, the combination of your state mandated benefit or other income benefit and your STD weekly benefit may not exceed 60% of your basic weekly earnings.
- New Voluntary STD plans and benefit increases are subject to a 12/12 pre-existing condition limitation (3/12 in PA).
- Your Voluntary LTD benefit may not exceed 60% of your basic earnings (excluding bonuses, overtime and any extra compensation other than commissions).
- New Voluntary LTD plans and benefit increases are subject to a 12/6/24 pre-existing condition limitation (12/12 in CO, MS, SC, MT, CT, WI; 3/12 in PA).
- If your earnings are based in whole or in part on commissions, commissions will be averaged over the 12-month period prior to the date disability begins.

BENEFICIARY DESIGNATION (For Employee Only: Must Be Completed if you have applied for life or AD&D insurance) If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

FIRST NAME	LAST NAME	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #	BENEFIT %
Primary Harriet	Gorden	10-14-1946	wife		100 %
Contingent Carey	Gorden	2-6-1971	daughter		50 %
Contingent Jamie	Gorden	3-11-1977	Son		50 %

I HEREBY REQUEST TO BE INSURED AND AUTHORIZE DEDUCTIONS, IF ANY, FROM MY COMPENSATION FOR MY SHARE OF THE COST OF THE BENEFITS TO WHICH I MAY BE ENTITLED UNDER THE GROUP POLICY (IES) ISSUED TO THE EMPLOYER LISTED ABOVE. I UNDERSTAND THAT IF I AM NOT ACTIVELY AT WORK AS DEFINED IN THE POLICY ON THE DATE MY COVERAGE WOULD OTHERWISE BECOME EFFECTIVE, MY INSURANCE WILL NOT BEGIN UNTIL THE DAY I MEET THE POLICY DEFINITION OF ACTIVELY AT WORK. FOR THOSE COVERAGES I HAVE DECLINED, I UNDERSTAND THAT IF I CHOOSE TO ENROLL AT A LATER DATE, MY COST MAY BE HIGHER AND A HEALTH QUESTIONNAIRE MAY BE REQUIRED.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in OR or VA.)

EMPLOYEE SIGNATURE **Merle S. Gorden** DATE **10/3/05**

FOR FDL USE ONLY

**BENEFICIARY DESIGNATION FOR C.L.A. PLANS**

Mail completed form(s) to
The Canada Life Assurance Company • U.S. Group Administration
P.O. Box 105477 • Atlanta, GA 30348-5477
(800) 554-4026 • Fax (770) 618-4787

Group No.(s)	Division	Certificate No.(s)	Name of Insured (Please Print)
94493	—	—	MERLE S. GORDEN

The undersigned life insured revokes any beneficiary designations and requests respecting payment of the proceeds payable on the death of the life insured and directs that such proceeds be paid to:

PRIMARY BENEFICIARY(IES)

in equal shares unless otherwise provided below.

Full Name	Percent	Social Security Number	Relationship to Life Insured	Birth date (if under 21)
HARRIET F. GORDEN	%		wife	
	%			
	%			

who may survive the life insured

CONTINGENT BENEFICIARY(IES)

in equal shares unless otherwise provided below.

Full Name	Percent	Social Security Number	Relationship to Life Insured	Birth date (if under 21)
CAREY D. GORDEN	%		DAUGHTER	
JAMIE GORDEN	%		SON	
	%			

who may survive the life insured.

Minor Clause - Trustee for Children

Full Name (please print)

Relationship to Life Insured

HARRIET F. GORDEN

WIFE

is hereby appointed Trustee to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED in this form who is a minor on the date such payment falls due.

I reserve the right to change this designation of beneficiary. The company assumes no responsibility for the validity or effect of this designation.

Signed at CITY OF BEACHWOOD this 25 day of OCTOBER 2003

Dalini Nole

Witness (other than beneficiary)

Merle S. Gordon

Signature of Life Insured

THIS PORTION FOR CANADA LIFE USE ONLY

Group No.	Division No.	Certificate No.	Surname Ident.
Name and Relationship			
Date Recorded		Routing	

Employer _____

Branch _____

AN ORDINANCE AMENDING ORDINANCE NOS. 2000-173 AND 2004-150 TO ADJUST THE COMPENSATION OF THE MAYOR/SAFETY DIRECTOR

WHEREAS, Article VIII, Section 3 (1)(A) of the Charter of the City of Beachwood as amended in November, 1994, now permits Council to amend the compensation schedule for the Mayor as necessary; and

WHEREAS, on December 4, 2000, Council adopted Ordinance No. 2000-173 providing for compensation for the Office of Mayor; and

WHEREAS, on November 15, 2004, Council adopted Ordinance No. 2004-150 approving the Mayor's expenses to attend Mayor's Court training for a total amount not to exceed \$400.00; and

WHEREAS, pursuant to BCO Section 141.01, the Mayor also serves as the City's Safety Director; and

WHEREAS, the Council has determined that it is necessary to adjust the future compensation for the Office of the Mayor and Safety Director; and

WHEREAS, such adjustments would not become effective until January 1, 2006, which is the commencement date for the next full term for the Office of the Mayor, and therefore the new compensation schedule will not be applicable to the current Mayoral term.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the City of Beachwood, County of Cuyahoga, and State of Ohio that:

Section 1: Council hereby amends Ordinance No. 2000-173 and 2004-150 and any other applicable ordinances, to be effective January 1, 2006, as follows:

Elected Officials.

(A) **Annual Compensation for the Mayor effective January 1, 2006:**
\$85,000.00.

The Mayor's salary shall increase by three percent (3%) effective January 1, 2007; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2008; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2009.

Annual Compensation for the Safety Director effective January 1, 2006:
\$55,000.00.

The Safety Director's salary shall increase by three percent (3%) effective January 1, 2007; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2008; and by an additional three percent (3%) beyond the previous increase, effective January 1, 2009.

ORDINANCE NO. 2005-49

(B) Annual Benefits for the Mayor:

The Mayor shall receive medical and other benefits generally provided for full-time administrative employees of the City, with the exception of longevity compensation and sick leave. Such benefits will include, but are not limited to, medical, life insurance with an option of AD & D coverage, and short term disability benefits provided for administrative employees of the City, and the use of an automobile provided by the City. The Mayor shall receive three (3) weeks of paid vacation during the Mayor's first term of office; four (4) weeks of paid vacation during a second term of office; and five (5) weeks of paid vacation during a third or subsequent term of office.

Travel expenses for official business of the City or the reimbursement of out-of-pocket expenses in excess of **Five Hundred Two Hundred Dollars (\$500.00)** must be approved by Council. All expenses of any amount shall be related to official City business, shall be reasonable, and shall be substantiated by receipts submitted to the Finance Department. Expenses of an out-of-town workshop, seminar or convention will require advance approval by Council if such event involves more than **Five Hundred Dollars (\$500.00)** ~~\$300.00~~ in total expenditures. Travel Expenses to attend Mayor's Court Training, each year, is approved for a total not to exceed **Five Hundred Dollars (\$500.00)** ~~\$400.00~~.

Gratuities received by the Mayor for the performance of marriages may be retained by the Mayor, in addition to the compensation provided herein.

No other benefits are provided for the Mayor unless approved by Council.

Section 2: Council further directs that this compensation schedule for the Mayor shall terminate at the end of the next term of the Office of the Mayor on December 31, 2009. Further, all salary ordinances of the City shall be amended to insert the above salary and benefits for the Mayor of the City, and any part of such ordinances inconsistent herewith are repealed in applicable part, except that the existing salary ordinance for the Mayor shall remain in effect until this new salary ordinance becomes effective on January 1, 2006.

Section 3: Council finds and determines that the decision to adjust the compensation of the Office of Mayor for the next term was made solely by the members of Council, without any participation by, influence, or attempt to influence by the existing Office of the Mayor.

Section 4: It is found and determined that all formal actions and deliberations of Council and its committees relating to the passage of this legislation that resulted in formal action were in meetings open to the public where required by Chapter 105 of the Codified Ordinances of the City.

Section 5: Consistent with Article VIII, Section 1 of the Charter, this ordinance providing for compensation of the Mayor shall be read three times, and not be passed as an emergency or urgent legislation.

ORDINANCE NO. 2005-49

WHEREFORE, this Ordinance shall be in full force and effect from and after the earliest date permitted by law.

Attest:

I hereby certify this legislation was duly adopted on the 6th day of June, 2005, and presented to the Mayor for approval or rejection in accordance with Article III, Section 8 of the Charter on the 7th day of June, 2005.

Carol E. Vinyard
Clerk

Acknowledgment:

I have neither approved nor disapproved this legislation when presented to me due to a potential conflict of interest; and therefore the same shall become law in the manner provided in the Charter for such cases.

Merle S. Gorden
Mayor

The Clerk of Council notes that Mayor Merle S. Gorden did not participate in any deliberations or in the passage of this legislation, nor did he preside over any meetings during consideration of this Ordinance.

Carol E. Vinyard
Clerk

Pursuant to the provisions of the City Charter:

Placed on First Reading: May 2, 2005

Placed on Second Reading: May 16, 2005

Placed on Third Reading & Adopted: June 6, 2005

AN ORDINANCE AMENDING ORDINANCE NOS. 1997-93 AND 1999-48 TO ADJUST THE COMPENSATION OF THE MAYOR

WHEREAS, Article VIII, Section 3 (1)(A) of the Charter of the City of Beachwood as amended in November, 1994, now permits Council to amend the compensation schedule for the Mayor as necessary; and

WHEREAS, on June 30, 1997, Council adopted Ordinance No 1997-93, providing for compensation for the Office of Mayor; and

WHEREAS, on February 16, 1999, Council adopted Ordinance No. 1999-48, adjusting the compensation of the Mayor, and

WHEREAS, the Council has determined that it is necessary to adjust the future compensation for the Office of the Mayor; and

WHEREAS, such adjustments would not become effective until January 1, 2002, which is the commencement of the next full term for the Office of the Mayor, and therefore the new compensation schedule will not be applicable to the current Mayoral term.

NOW, THEREFORE, BE IT ORDAINED, by the Council of the City of Beachwood, County of Cuyahoga, and State of Ohio that:

Section 1: Council hereby amends Ordinance No. 1997-93 and 1999-48 and any other applicable ordinances, to be effective January 1, 2002, as follows:

Elected Officials.

- (A) Annual Compensation for the Mayor/Safety Director effective January 1, 2002:
\$108,000.00

The Mayor's salary shall increase by four percent (4%) effective January 1, 2003; and by an additional four percent (4%) beyond the previous increase, effective January 1, 2004; and by an additional four percent (4%) beyond the previous increase, effective January 1, 2005.

- (B) Annual Benefits for the Mayor:

The Mayor shall receive medical and other benefits generally provided for full-time administrative employees of the City, with the exception of longevity compensation and sick leave. Such benefits will include, but are not limited to, medical, life insurance with an option of AD & D coverage, and short term disability benefits provided for administrative employees of the City, the use of an automobile provided by the City. The Mayor shall receive three (3) weeks of paid vacation during the Mayor's first term of office; four (4) weeks of paid vacation during a second term of office; and five (5) weeks of paid vacation during a third or subsequent term of office. ~~If, however, the Mayor is entitled to more than three (3) weeks vacation, in accordance with Section 1.6 of the Administrative Salary Ordinance, this benefit shall be calculated in accordance with Section 2.4 of that ordinance.~~

ORDINANCE NO. 2000-173

Travel expenses for official business of the City or the reimbursement of out-of-pocket expenses in excess of Two Hundred Dollars (\$200.00) shall be approved by Council. All expenses of any amount shall be related to official City business, shall be reasonable, and shall be substantiated by receipts submitted to the Finance Department. Expenses of an out-of-town workshop, seminar or convention will require advance approval by Council if such event involves more than \$300.00 in total expenditures. No other benefits are provided for the Mayor unless approved by Council.

Section 2: Council further directs that this compensation schedule for the Mayor shall terminate at the end of the next term of the Office of the Mayor on December 31, 2005. Further, all salary ordinances of the City shall be amended to insert the above salary and benefits for the Mayor of the City, and any part of such ordinances inconsistent herewith are repealed in applicable part, except that the existing salary ordinance for the Mayor shall remain in effect until this new salary ordinance becomes effective on January 1, 2002.

Section 3: Council finds and determines that the decision to adjust the compensation of the Office of Mayor for the next term was made solely by the members of Council, without any participation by, influence, or attempt to influence by the existing Office of the Mayor.

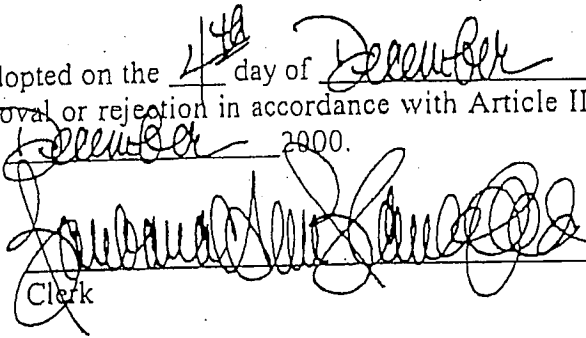
Section 4: It is found and determined that all formal actions and deliberations of Council and its committees relating to the passage of this legislation that resulted in formal action were in meetings open to the public where required by Chapter 105 of the Codified Ordinances of the City.

Section 5: Consistent with Article VIII, Section 1 of the Charter, this ordinance providing for compensation of the Mayor shall be read three times, and not be passed as an emergency or urgent legislation.

WHEREFORE, this Ordinance shall be in full force and effect from and after the earliest date permitted by law.

Attest:

I hereby certify this legislation was duly adopted on the 4th day of December 2000, and presented to the Mayor for approval or rejection in accordance with Article III, Section 8 of the Charter on the 5th day of December 2000.


Clerk

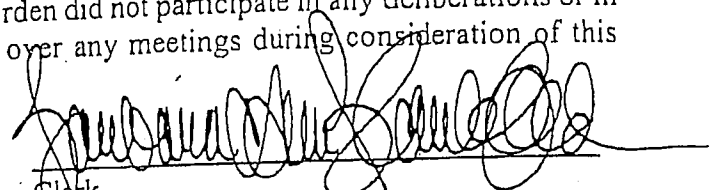
Acknowledgment:

I have neither approved or disapproved this legislation when presented to me due to a potential conflict of interest; and therefore the same shall become law in the manner provided in the Charter for such cases.


Mayor

ORDINANCE NO. 2000-173

The Clerk of Council notes that Mayor Merle S. Gorden did not participate in any deliberations or in the passage of this legislation, nor did he preside over any meetings during consideration of this Ordinance.


Clerk

Pursuant to the provisions of the City Charter:

Placed on First Reading:	November 6, 2000
Placed on Second Reading:	November 20, 2000
Placed on Third Reading & Adopted:	December 4, 2000

OPERS EMPLOYER Notice

September 20, 2005

Ohio Public Employees Retirement System • 277 East Town Street • Columbus, Ohio 43215

Municipal Public Safety Directors receive new OPERS classification

Who should read this notice

All municipal human resource, benefits and finance professionals

Situation overview

Recently passed House Bill 66 (HB 66) of the 126th General Assembly will enable eligible municipal public safety directors to participate under the public safety classification of the OPERS law enforcement program. The effective date of this change is Sept. 29, 2005.

Members of the public safety classification are eligible to retire with full benefits at age 52, with 25 years of service.

Those employees who meet the requirements for eligibility as a municipal public safety director under HB 66, and are employed prior to Sept. 29, 2005, may elect to enroll in the OPERS public safety classification and have their past service as a public safety director used in the calculation of a law-enforcement benefit. Any new hires or individuals promoted into the position of full-time municipal public safety director on or after Sept. 29, 2005, will automatically be enrolled in the public safety classification of the law enforcement division.

What you need to do

OPERS employers will be required to determine which of their employees, if any, are considered municipal public safety directors. HB 66 provides the following definition:

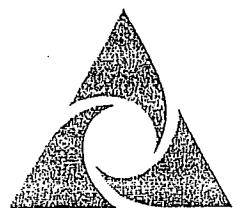
"Municipal public safety director" means a person who serves full-time as the public safety director of a municipal corporation with the duty of directing the activities of the municipal corporation's police department and fire department."

First, OPERS is asking all employers to provide a listing to the retirement system of employees who on Sept. 29, 2005 meet the eligibility requirements for this election. A response will be required from all municipal public employers. If you do not employ any public safety directors, please respond on your organization's letterhead indicating, "none". The listing should meet the following requirements:

- Be provided on your organization's letterhead,
- Include the employee's name and Social Security Number,
- Indicate the employee's beginning date of service as a municipal public safety director,
- Include your OPERS employer code, and
- Be received in the OPERS Employer Reporting Department no later than Oct. 7, 2005

Then, you will need to provide the attached *Public Safety Division Election Form* (form LEO-HB66) to each of your eligible employees. The attached form may be duplicated.

Note: No later than Nov. 1, 2005, each municipal public safety director who is an OPERS member will be required to complete the *Public Safety Division Election Form*.



OPERS

1-888-400-0965

www.opers.org

(More information on back)



Ohio Public Employees Retirement System

277 East Town Street, Columbus, Ohio 43215-4642

1-800-222-PERS (7377) www.opers.org

Public Safety Classification Election Information Sheet

State legislation (Amended Sub. House Bill 66) effective Sept. 29, 2005, enables individuals who serve full-time as the public safety director of a municipal corporation with the duty of directing the activities of the municipal corporation's police department AND fire department to participate in the public safety classification of the OPERS law enforcement division.

The legislation provides for potentially greater retirement benefits and earlier benefit eligibility to qualifying municipal public safety directors than those available to non-law enforcement members of OPERS. Employee contributions for the public safety classification of the law enforcement division are currently 9.0 percent of earnable salary. The employer contribution rate for the public safety classification of the law enforcement division is currently 16.70 percent. These rates are subject to change.

Full-time public safety directors of a municipal corporation whose duties are directing the activities of the municipal corporation's police department AND fire department and who were hired before Sept. 29, 2005 are required to elect whether to be subject to the eligibility requirements and contribution rates for normal benefits or those benefits under the public safety classification of the law enforcement division. This one-time, irrevocable election must be made on the Public Safety Classification Election Form on page 2 of this document and received at the OPERS office not later than Nov. 1, 2005. Eligible municipal public safety directors hired on or after Sept. 9, 2005 are automatically covered under the public safety classification and should not complete this Form.

All OPERS members in the public safety classification of the law enforcement division must participate in the Traditional Pension Plan. If the member is currently participating in the Member-Directed or Combined Plan, the account must be transferred to the Traditional Pension Plan upon election to the public safety classification. For this reason, the benefit eligibility described below ONLY addresses service credit in the Traditional Pension Plan.

Eligibility for a normal retirement benefit

OPERS members at age 60 with at least five years of total service credit or 60 contributing months of service in OPERS are eligible to retire and receive a retirement benefit. Members may retire with a reduced benefit as early as age 55 with at least 25 years of total service. With 30 years of total service there is no age requirement, nor a benefit reduction because of age. The benefit formula uses all Ohio service credit and has a maximum limit of 100 percent of final average salary.

Eligibility for a retirement benefit under the public safety classification of the law enforcement division

OPERS members in the public safety classification of the law enforcement division, whose primary duties are other than to preserve the peace, protect life and property and enforce the laws of the jurisdiction, may retire under the law enforcement division at age 52 or receive a reduced benefit as early as age 48 with at least 5 years of service. Only service as a law enforcement officer, service credit purchased as a police officer or state highway patrol trooper, and military service credit can be used in calculating this benefit. There is a maximum limit of 90 percent of final average salary.

Eligibility for a disability benefit under the public safety classification of the law enforcement division

OPERS members must have at least five years of service credit or 60 contributing months in the Traditional Pension Plan to be eligible to apply for disability benefits. This credit requirement may be made up solely of contributing service, the combination of contributing and purchased service, or certain other types of service. For members in the law enforcement division, including those in the public safety classification, who become disabled due to an on-duty illness or injury, eligibility to apply for disability benefits is available immediately after membership is established.

If you have questions about this election please contact OPERS at 1-800-222-7377. If you would like more information view our Member Handbook on the web at www.opers.org.

From: "Employer Outreach" <empoutreach@opers.org>
To: "Eric Brey" <Eric.Brey@beachwoodohio.com>
Date: 9/30/2005 10:19:39 AM
Subject: RE: Public Safety Directors Classification

Mr. Brey,

I spoke with Bob Sayre our Membership Determination Officer and per the guidelines in the legislation, a person qualifies if their fulltime job is only as the Public Safety Director.

Ron Culpepper
Employer Outreach
888-400-0965

-----Original Message-----

From: Eric Brey [mailto:Eric.Brey@beachwoodohio.com]
Sent: Tuesday, September 27, 2005 1:08 PM
To: Employer Outreach
Subject: RE: Public Safety Directors Classification

Thank you. I look forward to hearing from you soon.

>>> "Employer Outreach" <empoutreach@opers.org> 09/27 1:06 PM >>>
Mr. Bey,

Thank you for your question. I need to chekc for clarification from our Membership Determination Officer for a person who had dual roles.

Ron Culpeper
Employer Outreach
888-400-0965

-----Original Message-----

From: Eric Brey [mailto:Eric.Brey@beachwoodohio.com]
Sent: Monday, September 26, 2005 4:09 PM
To: Employer Outreach
Subject: Public Safety Directors Classification

If our elected, fulltime Mayor also serves as our safety director, is he effected by this?

CONFIDENTIALITY NOTICE: The Ohio Public Employees Retirement System intends this e-mail message, and any attachments, to be used only by the person(s) or entity to which it is addressed. This message may contain confidential and/or legally privileged information. If the reader is not the intended recipient of this message or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that you are prohibited from printing, copying, storing, disseminating or distributing this communication. If you received this communication in error, please delete it from your computer and notify the sender by reply e-mail.

CONFIDENTIALITY NOTICE: The Ohio Public Employees Retirement System intends this e-mail message, and any attachments, to be used only by the person(s) or entity to which it is addressed. This message may contain confidential and/or legally privileged information. If the reader is not the intended recipient of this message or an employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that you are prohibited from printing, copying, storing, disseminating or distributing this communication. If you received this communication in error, please delete it from your computer and notify the sender by reply e-mail.



Ohio Public Employees Retirement System

277 East Town Street Columbus, Ohio 43215-4642 1-888-400-0965 www.opers.org

February 1, 2005

3012 08

ERIC A BREY
CITY OF BEACHWOOD
2700 RICHMOND RD
BEACHWOOD, OH 44122-1780

When replying please give the number above
This is used to identify your account in OPERS.

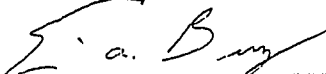
RE: Merle S Gorden
SS#:
EARNINGS: \$18,087.68
CONTRIBUTIONS: \$1,537.45
RPT END DATE: 12/26/2004

The 12/26/2004 contribution report indicated unusually large earnings for the above employee. Please indicate the appropriate explanation below, sign and return this form to the above address, Attention: CONTRIBUTION RECEIPTS DEPT. by Friday, March 4, 2005 to avoid notification to the employee. This information is necessary to maintain the accuracy of the employee's account; a retirement or refund application cannot be processed without this information.

Please contact Employer Outreach at 1-888-400-0965 or e-mail us at employeroutreach@opers.org with any questions.

- ☐ 1. Three bi-weekly payrolls during the reporting period.
- ☐ 2. Part-time employee who worked additional hours or regular employee who worked overtime hours during the reporting period.
- ☐ 3. Retroactive pay increase paid during the reporting period. The worksheet on the reverse side must be completed.
- ☐ 4. Disability payment made during the reporting period. The worksheet on the reverse side must be completed.
- ☐ 5. Payment made in accordance with a settlement agreement, grievance judgment or court order. A copy of the supporting documentation must be submitted. If the payment was for actual back wages the worksheet on the reverse side must be completed.
- ☒ 6. Annual conversion payment for (vacation), sick or personal leave. A copy of the plan is a) ☒ on file with OPERS or b) ☐ enclosed.
- ☐ 7. Contributions were withheld in error. A refund request a) ☐ has been forwarded to OPERS or b) ☐ enclosed.
- ☐ 8. Other: _____

Please complete the worksheet on the reverse side of this form if any portion of the earnings in question should be allocated to other pay periods.


CERTIFYING OFFICER

02/07/05

(216) 595-3717
PHONE

***NOTE: LARGE EARNINGS CAN NOW BE PROCESSED THROUGH THE OPERS
EMPLOYER CONTRIBUTION SYSTEM (ECS). INITIATE REGISTRATION ONLINE AT
WWW.OPERS.ORG.

From: Tina Turick
To: David Pfaff
Date: 12/4/2003 12:00:05 PM
Subject: Mayor's 2004 Salary

Please divide his salary equally among the 27 pays.

Thanks.

Tina



Ohio Public Employees Retirement System

277 East Town Street Columbus, Ohio 43215-4642 1-888-400-0965 www.opers.org

January 30, 2004

3012 08

CITY OF BEACHWOOD
2700 RICHMOND RD
BEACHWOOD, OH 44122-1780

When replying please give the number above
This is used to identify your account in OPERS.

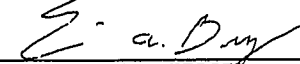
RE: Merle S Gorden
SS#: _____
EARNINGS: \$19,446.40
CONTRIBUTIONS: \$1,652.94
RPT END DATE: 12/28/2003

The 12/28/2003 contribution report indicated unusually large earnings for the above employee. Please indicate the appropriate explanation below, sign and return this form to the above address, Attention: Contribution Receipts Dept. by Monday, March 1, 2004 to avoid notification to the employee. This information is necessary to maintain the accuracy of the employee's account.

- ☐ 1. Three bi-weekly payrolls during the reporting period.
- ☐ 2. Part-time employee who worked additional hours or regular employee who worked overtime hours during the reporting period.
- ☐ 3. Retroactive pay increase paid during the reporting period. The worksheet on the reverse side must be completed.
- ☐ 4. Disability payment made during the reporting period. The worksheet on the reverse side must be completed.
- ☐ 5. Payment made in accordance with a settlement agreement, grievance judgment or court order. A copy of the supporting documentation must be submitted. If the payment was for actual back wages the worksheet on the reverse side must also be completed.
- ☒ 6. Annual conversion payment for vacation, sick or personal leave. A copy of the plan is a) ☒ on file with OPERS or b) ☐ enclosed.
- ☐ 7. Contributions were withheld in error. A refund request a) ☐ has been forwarded to OPERS or b) ☐ is enclosed.
- ☐ 8. Other: _____

Please complete the worksheet on the reverse side of this form if any portion of the earnings and contributions in question should be allocated to other pay periods.

Please contact Employer Outreach at 1-888-400-0965 or e-mail us at employeroutreach@opers.org with any questions.


CERTIFYING OFFICER

(216) 595-3717
PHONE

Form LE-1 (Revised 01/2004)

*** NOTE: Large earnings can now be processed through the OPERS Employer Contribution System (ECS). Initiate registration online at www.opers.org.

**Group Insurance
Enrollment Form**

**Standard Insurance Co.
Portland, Oregon**

PLEASE PRINT

Policy Number <u>122559-A</u>	Suffix <u>A</u>	Employer Name (Policyowner) <u>City of Beachwood</u>	Social Security Number
Member Name (Last, First, M.I.) <u>Gorden, Merle, S.</u>			Male ☒ Birthdate Female ☐ Mo Day Year <u>1</u> <u>1</u> <u>0</u> <u>8</u> <u>4</u> <u>5</u>
Date Employed Mo Day Year <u>0</u> <u>1</u> <u>0</u> <u>1</u> <u>0</u> <u>2</u>	Workplace Location (State) <u>Ohio</u>	Does Employer's Plan Include: ☒ Life/AD&D ☐ Additional Life ☐ Dependent Life ☐ Voluntary AD&D ☒ STD ☐ LTD ☐ Other	Eff. Date of Insurance Mo Day Year <u>0</u> <u>1</u> <u>0</u> <u>1</u> <u>0</u> <u>2</u>
Occupation <u>Mayor</u>	Hours Worked Each Week For This Employer (Not incl. overtime) <u>80</u>	Base Earnings From This Employer \$ <u>108,000.00</u>	

*** Current Term**

Complete for Life, AD&D, and Additional Life coverages only. Give full name, address, and relationship of your beneficiary.

Examples:

- | | |
|---|---|
| A. One Beneficiary | Dorothy Q. Smith, 777 America St., Anytown, USA 77777, Wife (not Mrs. John Smith) |
| B. Two Beneficiaries | Peter Smith, Father, and Anna Smith, Mother, equally or the survivor |
| C. Two Beneficiaries in Unequal Shares | Peter Smith, Father, three-fourths (3/4), and Anna Smith, Mother, one-fourth (1/4), or the survivor |
| D. One Primary and One Contingent Beneficiary | Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son |
| E. One Primary and Two Contingent Beneficiaries | Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son, and Mary Smith, Daughter, equally, or the survivor. |
| F. Trustee | Dorothy Q. Smith, Trustee under trust agreement dated _____ |
| G. Insured's Estate | My Estate |

Do you know that if death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Beneficiary - Complete for Life and AD&D Insurance

Full Name, Address and Social Security #

HARRIET F. GORDEN

Relationship

WIFE

I apply for Insurance under the Group Insurance Plan. I authorize deductions from my wages to cover my contribution, if required, toward the cost of my insurance.

X Merle S. Gorden

Date 1-02-02

Note: Beneficiary designation is not valid unless this card is signed and dated.

Policyowner Use Only: (Use this area to record initial amounts as well as future changes)

Effective Date	Class	Life/AD&D Amount	Dependents Life Amount	Voluntary AD&D Amount	Additional Life Amount	STD Benefit Volume	LTD Insured Earnings

Group Administrator: Do not send this card to Standard unless asked to do so. Keep this card in your file.

OML GROUP ACCIDENT PLAN
ENROLLMENT FORM

EMPLOYEE COVERAGE

(Type or print only)

Employee's Name GORDEN MERLE S 11/8/45
Last Name First Middle Initial Date of birth
Address 23912 E. BAINTREE BEACHWOOD OHIO 44122
Street City (Zone) State
Municipality Name CITY OF BEACHWOOD
Occupation with Municipality: VOLUNTEER FIREMAN
Beneficiary GORDEN HARRIET WIFE
Last Name First Relationship

WIFE COVERAGE

(Complete if you wish to insure your wife)

(Type or print only)

Wife's Name _____
Last Name First Middle Initial Date of birth
Beneficiary _____
Last Name First Relationship

GROUP A. Complete this section ONLY if your duties and responsibilities place you in Group A.

EMPLOYEE COVERAGE: (Check One)

Coverage	\$12,000	\$24,000	\$48,000	\$72,000	\$96,000	\$120,000
	☐	☐	☐	☐	☐	☐
Monthly Premium	\$0.70	\$1.40	\$2.80	\$4.20	\$5.60	\$7.00

WIFE COVERAGE: (Check One)

Coverage	\$12,000	\$24,000	\$36,000	\$48,000	\$60,000
	☐	☐	☐	☐	☐
Monthly Premium	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50

GROUP B. Complete this section ONLY if your duties and responsibilities place you in Group B.

EMPLOYEE COVERAGE

Coverage \$12,000
☒
Monthly Premium \$1.10

WIFE COVERAGE

Coverage \$12,000
☐
Monthly Premium \$0.70

(Sign two places)

I hereby authorize the deduction of the required premium from my earnings.

1/7/74 Merle S. Gordon
Date Employee Signature

I hereby enroll in the plan.

1/7/74 Merle S. Gordon
Date Employee Signature

WAIVER

This certifies that I do not wish to participate in the voluntary OML Group Accident Plan at this time.

Date _____

Employee Signature _____